

**MICHIGAN SCHOOL FOR THE DEAF**  
**\*AMERICAN SIGN LANGUAGE CLASSES**

2007-2008

Coordinator – Freida Morrison

[morrisonf@michigan.gov](mailto:morrisonf@michigan.gov)

**REGISTRATION FORM**

**Date** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**When:**        **Monday evenings (Feb 4 – April 28, 2008)**  
                  **Friday mornings (Feb 8 – May 2, 2008)**

**Where:**        **Michigan School for the Deaf**  
                  **Fay Academy**

**Time:**        **Monday evening**  
                  **ASL 1 & 2 at 6:30 PM – 8:00 PM**  
  
                  **Friday morning**  
                  **ASL 1 at 9 AM – 10:30 AM**  
                  **ASL 2 at 10:30 AM – 11:45 AM**

**\*These classes are open to parents, caregivers and grandparents of Michigan School for the Deaf students only. *There is no sibling class or babysitting.***

Class will cover:

- ASL 1 – Beginning and Intermediate
- ASL 2 – Intermediate/Advanced
- Deaf Culture Notes/Grammatical Notes

**Have you taken a course in American Sign Language? YES\_\_\_ NO\_\_\_**

**If yes, where?** \_\_\_\_\_

**Level completed?** \_\_\_\_\_ **Instructor?** \_\_\_\_\_

**Class Preference: Monday** \_\_\_\_\_ **Friday** \_\_\_\_\_

**Beginner** \_\_\_\_\_ **Intermediate** \_\_\_\_\_ **Advanced** \_\_\_\_\_  
(Lesson 1-4) (Lesson 5 -9) (Lesson 10 – 15)

**MSD student name** \_\_\_\_\_ **grade** \_\_\_\_\_

Return this completed form to Freida Morrison at [morrisonf@michigan.gov](mailto:morrisonf@michigan.gov)